

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/07/2011	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 EAST JACKSON ST MUNCIE, IN47303			
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F0000	<p>This visit was for the Investigation of Complaint IN00088811.</p> <p>Complaint IN00088811- Substantiated, federal/state deficiencies related to the allegations cited at F225 and F226.</p> <p>Survey dates: April 6, 7, 2011</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 12 Medicaid: 61 Other: 8 Total: 81</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 8,</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please find enclosed the plan of correction for the survey ending April 7, 2011. Due to the low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me. Respectfully, John H. Everhart RN, HFA, MBA Administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0225 SS=D	<p>2011 by Bev Faulkner, RN</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed</p>			F0225	<p>1. A thorough investigation of the incident for Resident C has been completed and reported to</p>		04/20/2011

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	<p>to assure 2 employees, a licensed nurse and a certified nursing assistant, immediately reported to the administrator an allegation of verbal abuse by a staff member toward 1 (Resident C) of 2 residents among the sample of 3 reviewed for abuse.</p> <p>The facility also failed to assure a thorough investigation of the allegation with an initial report , and a final report, to the state survey agency and other officials within 5 working days in accordance with state law. The facility failed to prevent further potential abuse while the investigation was in</p>				<p>ISDH.LPN #1 and CNA #1 have been re-educated on immediately reporting alleged abuse to administration at the time of occurrence. The employment of CNA #2 has been terminated subsequent to the investigation of the incidents completed and reported to ISDH.2. All other residents have the potential to be affected. The facility's report of concerns have been reviewed and if alleged abuse was found, a complete and thorough investigation has been completed and submitted to ISDH. Alert and oriented residents and staff were interviewed to determine if any other potential abuse allegations were in need of investigation.3. The facility's policy and procedure on abuse has been reviewed and no changes are indicated at this time (See Attachment A). The staff have been re-educated on abuse and abuse reporting. The Administrator has also been educated on abuse investigation and reporting. An Abuse Response Form has been implemented to ensure reporting of alleged abuse to administration is completed immediately and alleged abuse is thoroughly investigated and reported to ISDH. (See Attachment B). 4. The Administrator/designee will question 5 staff members on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter</p>		

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	<p>progress,</p> <p>Findings include:</p> <p>During a 4/6/11, 2:15 P.M., interview, Certified Nursing Assistant (CNA#1) indicated she had reported witnessing another employee (CNA #2) verbally abuse a resident (Resident C). CNA#1 indicated she had observed CNA #2 deliberately attempt to agitate (Resident C) by repeating back the curse words which (Resident C) had yelled. CNA #1 indicated (Resident C) who was cognitively impaired, had yelled the</p>				<p>(See Attachment B).The Administrator/designee will thoroughly investigate and report all allegations of abuse on a daily basis. The Nurse Consultant or designee will review all interviews and reports of concern weekly (See Attachment B) for four weeks, then monthly for two months, then quarterly thereafter to ensure appropriate action has been taken.The results of the above reviews will be discussed during the facility's quarterly QA meetings and the plans adjusted accordingly.5. The corrective actions will be completed on or before April 20, 2011</p>		

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	<p>words b---- and w---- to CNA #2. CNA#1 indicated CNA#2 then repeated the words back to Resident (C), saying she (Resident C) was a b---- and a w----. CNA #1 indicated she had reported the incident to a Licensed Practical Nurse (LPN #1) and to the Director of Nursing (DoN). CNA #1 indicated she had reported the allegation 2 weeks ago.</p> <p>LPN #1 was interviewed at 3:50 P.M., 4/6/11, and indicated CNA #1 had reported an allegation of witnessing verbal abuse by CNA #2 toward Resident (C). LPN #1 indicated</p>						

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	<p>CNA #1 had reported the incident 3/24/11, and had said it had occurred the previous Sunday (3/20/11), LPN #1 indicated CNA #1 had alleged CNA #2 had egged Resident (C) on by repeating the foul language which (Resident C) had said back to (Resident C).</p> <p>The reportable incidents had been provided the morning of 4/6/11. Documentation did not indicate a 3/24/11, report of an allegation of verbal abuse by CNA #2 toward Resident (C).</p> <p>The record of Resident (C) was reviewed 4/6/11, at</p>						

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	<p>3:10 P.M., and indicated a 7/2/09, admission. Diagnoses included, but were not limited to anxiety and dementia. The care plan included 3/10/11 concerns of verbal abuse by Resident (C) to staff, and (Resident C) was easily angered toward others. The interventions included removing to a quiet environment and immediately notifying the nurse.</p> <p>A joint interview was conducted with the Administrator and the DoN at 4:00 P.M., 4/6/11. The DoN indicated she had not received an allegation</p>						

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	<p>of abuse during the past 4 months.</p> <p>The DoN indicated on 3/25/11, she had received a report of concern from CNA #1 of an inappropriate conversation by CNA #2 toward Resident (C).</p> <p>The Administrator indicated CNA #2 had allegedly prompted agitation from Resident (C) by using inappropriate language.</p> <p>The DoN indicated she had investigated the allegation, which had occurred 3/24/11, in the assist dining room at the evening meal.</p> <p>The DoN indicated a second LPN (#2) was present in the dining room and had said he did not</p>						

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	<p>witness an incident. The DoN indicated a 3rd LPN (#3) had also been in the area and had not witnessed the incident.</p> <p>On 4/7/11, at 9:40 A.M., LPN #3 was interviewed and indicated she was unaware of any allegation of verbal abuse.</p> <p>LPN #2 was not scheduled on duty 4/6, nor 4/7/11. LPN #2 was unavailable by telephone for interview.</p> <p>At 10:00 A.M., 4/7/11, the Administrator indicated he had reviewed the 3/24/11, report of concern, and the 3/25/11, investigation and</p>						

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	<p>could not find mention of a date of occurrence of the event other than 3/24/11. The Administrator also provided a copy of the 3/24/11, report of concern completed by CNA #1, which he indicated was received the morning of 3/25/11. The Administrator indicated the report had been slipped under his door the morning following the alleged event.</p> <p>Documentation on the report of concern indicated CNA #1 had over heard CNA #2 directing foul language toward (Resident C) in the dining room at the evening meal time. CNA #1 alleged CNA #2 was</p>						

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	<p>deliberately attempting to agitate (Resident C). CNA #1 documented (Resident C) had started calling CNA #2 bad names and (CNA #2) had rebounded the same names back to (Resident C). CNA #1 documented CNA #2 had also refused to provide a drink of water (Resident C) had requested due to the behavior. The Administrator's 3/25/11, internal investigation of the 3/24/11, report of concern indicated on interview, CNA #1 gave a follow-up statement of CNA #2 being inappropriate with Resident (C), and, "teasing about but not</p>						

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	<p>verbally abusive."</p> <p>At 10:50 A.M., 4/7/11, a conference phone call was held with the Administrator and LPN #1. LPN #1 was asked to clarify the date the allegation of verbal abuse by CNA #2 had been made. LPN #1 reported she had checked with CNA #1 after she (LPN #1) had been interviewed (by the surveyor) 4/6/11. LPN #1 indicated CNA #1 had said the witnessed verbal abuse had occurred at meal time (5:00 or 5:30 P.M), 3/24/11. LPN #1 indicated CNA #1 had reported the allegation to her at 7:00 P.M., 3/24/11.</p>						

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F0226 SS=D	<p>LPN #1 indicated CNA #1 was unsure how to report the incident. LPN #1 indicated she had told CNA #1 to write the incident on a report of concern and give it to the Administrator.</p> <p>This federal tag relates to complaint IN00088811.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to assure the facility's policies and procedures for reporting allegations of abuse to the administrator, and investigating and protecting</p>			F0226	<p>1. A thorough investigation of the incident for Resident C has been completed and reported to ISDH. Employee E has completed training on abuse prohibition and residents rights. 2. All other residents have the potential to be affected. The facility's report of concerns have been reviewed</p>		04/20/2011

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	<p>residents from abuse during the investigation were followed for 1 (Resident A) of 2 residents among the sample of 3 reviewed for abuse.</p> <p>The facility also failed to assure 1 (Employee E) of 5 employees, whose personnel files were reviewed for resident rights and abuse prohibition, was trained prior to beginning employment in accordance with facility policy.</p> <p>Findings include:</p> <p>1. During a 4/6/11, 2:15 P.M., interview, certified nursing assistant (CNA#1) indicated she had reported witnessing another employee (CNA #2) verbally abuse a resident ((Resident C). CNA#1 indicated she had observed CNA #2 deliberately attempt to agitate (Resident C) by repeating back the curse words which (Resident C) had yelled. CNA #1 indicated (Resident C) who was cognitively impaired, had yelled the words b---- and w---- to</p>				<p>and if alleged abuse was found, a complete and thorough investigation has been completed and submitted to ISDH. Alert and oriented residents and staff were interviewed to determine if any other potential abuse allegations were in need of investigation. The new hire employee files for the past 30 days have been reviewed and training in abuse prohibition and residents rights has been completed as indicated. 3. The facility's policy and procedure on abuse has been reviewed and no changes are indicated at this time (See Attachment A). The staff have been re-educated on abuse and abuse reporting. The Administrator has also been educated on abuse investigation and reporting. An Abuse Response Form has been implemented to ensure reporting of alleged abuse to administration is completed immediately and alleged abuse is thoroughly investigated and reported to ISDH. (See Attachment B). An Abuse Resident Rights Orientation Form has been implemented to ensure training is completed at hire. (See Attachment C)4. The Administrator/designee will question 5 staff members on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter (See Attachment B). The Administrator or designee will</p>		

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	<p>CNA #2. CNA#1 indicated CNA#2 then repeated the words back to Resident (C), saying she (Resident C) was a b---- and a w----.</p> <p>CNA #1 indicated she had reported the incident to a Licensed Practical Nurse (LPN #1) and to the Director of Nursing (DoN). CNA #1 indicated she had reported the allegation 2 weeks ago.</p> <p>LPN #1 was interviewed at 3:50 P.M., 4/6/11, and indicated CNA #1 had reported an allegation of witnessing verbal abuse by CNA #2 toward Resident (C). LPN #1 indicated CNA #1 had reported the incident 3/24/11, and had said it had occurred the previous Sunday (3/20/11),</p> <p>LPN #1 indicated CNA #1 had alleged CNA #2 had egged Resident (C) on by repeating the foul language which (Resident C) had said back to (Resident C).</p> <p>The reportable incidents had been provided the morning of 4/6/11. Documentation did not indicate a</p>				<p>review employee files for new hires on scheduled work days as follows: One time weekly on an ongoing basis (See Attachment C)The Administrator/designee will thoroughly investigate and report all allegations of abuse on a daily basis. The Nurse Consultant or designee will review all interviews and reports of concern weekly (See Attachment B) for four weeks, then monthly for two months, then quarterly thereafter to ensure appropriate action has been taken. The results of the above reviews will be discussed during the facility's quarterly QA meetings and the plans adjusted accordingly.5. The corrective actions will be completed on or before April 20, 2011</p>		

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	<p>3/24/11, report of an allegation of verbal abuse by CNA #2 toward Resident (C).</p> <p>The record of Resident (C) was reviewed 4/6/11, at 3:10 P.M., and indicated a 7/2/09, admission. Diagnoses included, but were not limited to anxiety and dementia. The care plan included 3/10/11, concerns of verbal abuse by Resident (C) to staff, and (Resident C) was easily angered toward others. The interventions included removing to a quiet environment and immediately notifying the nurse.</p> <p>A joint interview was conducted with the Administrator and the DoN at 4:00 P.M., 4/6/11. The DoN indicated she had not received an allegation of abuse during the past 4 months. The DoN indicated on 3/25/11, she had received a report of concern from CNA #1 of an inappropriate conversation by CNA #2 toward Resident (C).</p>						

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	<p>The Administrator indicated CNA #2 had allegedly prompted agitation from Resident (C) by using inappropriate language.</p> <p>The DoN indicated she had investigated the allegation, which had occurred 3/24/11, in the assist dining room at the evening meal.</p> <p>The DoN indicated a second LPN (#2) was present in the dining room and had said he did not witness an incident. The DoN indicated a 3rd LPN (#3) had also been in the area and had not witnessed the incident.</p> <p>On 4/7/11, at 9:40 A.M., LPN #3 was interviewed and indicated she was unaware of any allegation of verbal abuse.</p> <p>LPN #2 was not scheduled on duty 4/6, nor 4/7/11. LPN #2 was unavailable by telephone for interview.</p> <p>At 10:00 A.M., 4/7/11, the Administrator indicated he had reviewed the 3/24/11, report of concern, and the 3/25/11,</p>						

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	<p>investigation and could not find mention of a date of occurrence of the event other than 3/24/11. The Administrator also provided a copy of the 3/24/11, report of concern completed by CNA #1, which he indicated was received the morning of 3/25/11. The Administrator indicated the report had been slipped under his door the morning following the alleged event.</p> <p>Documentation on the report of concern indicated CNA #1 had over heard CNA #2 directing foul language toward (Resident C) in the dining room at the evening meal time. CNA #1 alleged CNA #2 was deliberately attempting to agitate (Resident C). CNA #1 documented (Resident C) had started calling CNA #2 bad names and (CNA #2) had rebounded the same names back to (Resident C).</p> <p>CNA #1 documented CNA #2 had also refused to provide a drink of water (Resident C) had requested due to the behavior.</p> <p>The Administrator's 3/25/11,</p>						

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	<p>internal investigation of the 3/24/11, report of concern indicated on interview, CNA #1 gave a follow-up statement of CNA #2 being inappropriate with Resident (C), and, "teasing about but not verbally abusive."</p> <p>At 10:50 A.M., 4/7/11, a conference phone call was held with the Administrator and LPN #1. LPN #1 was asked to clarify the date the allegation of verbal abuse by CNA #2 had been made. LPN #1 reported she had checked with CNA #1 after she (LPN #1) had been interviewed (by the surveyor) 4/6/11. LPN #1 indicated CNA #1 had said the witnessed verbal abuse had occurred at meal time (5:00 or 5:30 P. M), 3/24/11. LPN #1 indicated CNA #1 had reported the allegation to her at 7:00 P.M., 3/24/11. LPN #1 indicated CNA #1 was unsure how to report the incident. LPN #1 indicated she had told CNA #1 to write the incident on a report of</p>						

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	<p>concern and give it to the Administrator.</p> <p>The facility's (undated) policy of complaints and grievances (report of concern) was provided by the Administrator at 10:00 A.M., 4/7/11. The policy indicated the facility would investigate and respond to complaints made by an individual resident, resident group, family member, employee, or other, without fear of reprisal or discrimination.</p> <p>Procedure #1 indicated at the time a grievance was voiced, a report of concern was to be completed and forwarded to the Administrator.</p> <p>Procedure #2 indicated the investigation would be completed immediately as warranted.</p> <p>Procedure #3 indicated following the investigation, resolution would be determined by the Administrator on an individual basis.</p> <p>Procedure #7 indicated employees would be encouraged to utilize the report of concern to document witnessed episodes of resident</p>						

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	<p>abuse to ensure investigation was initiated, and disciplinary action, in-service, or training, would be conducted as warranted.</p> <p>The facility's 1/06, policy, Procedure for Resident Abuse, was provided 4/6/11, by the Administrator.</p> <p>The policy indicated the purpose was to assure appropriate interventions were in place and followed if resident abuse was suspected or identified.</p> <p>Procedure #2 indicated the individual who witnessed the incident would immediately notify a charge nurse of the unit the resident occupied. The charge nurse was to examine the resident to determine if physical injuries had occurred.</p> <p>Procedure #3 indicated the charge nurse was responsible to immediately notify the Administrator and the DoN.</p> <p>Procedure #4 indicated any staff member implicated in the alleged abuse would be removed from the</p>						

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	<p>facility at once and remain suspended until the investigation was completed.</p> <p>Procedure #9 indicated an investigation would be conducted to assure other resident had not been affected by the incident.</p> <p>Procedure #12 indicated the Administrator or DoN was responsible to notify the following agencies as outlined in the, "Unusual Occurrences reporting Policy and Procedure:" Indiana State Department of Health, Adult Protective Services, Ombudsman, corporate Regional Manager, and corporate Nurse Consultant.</p> <p>2. The employee files were reviewed 4/7/11 at 12:10 P.M. Each nursing employee had documentation of orientation to abuse prohibition and resident rights prior to the date of hire.</p> <p>The file of house keeping employee (Employee E), hired 2/9/11, did not have documentation of abuse prohibition in-service prior to hire.</p>						

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	<p>The orientation abuse prohibition training for Employee (E) was requested from the Administrator at 12:15 P.M., on 4/7/11. The Administrator, who had recently been appointed to the position, indicated he had just been told the contracted housekeeping service provided orientation for their employees.</p> <p>The contracted Housekeeping Supervisor was interviewed at 12:20 P.M., 4/7/11, and indicated the drug testing, criminal history check, medical, and job orientation were provided by the company prior to hire.</p> <p>The Housekeeping Supervisor indicated the company sent the new employees to the next available abuse in-service offered by the facility after their hire date.</p> <p>At 12:35 P.M. 4/7/11, the Administrator indicated he had just been made aware of the system the housekeeping agency used to</p>						

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	<p>provide abuse orientation to employees. The Administrator indicated he had checked and the first abuse prohibition in-service Employee (E) had attended was 3/10/11, over a month after the hire date.</p> <p>Procedure #8 of the facility's 1/06, Resident Abuse policy, which had been provided 4/6/11, by the Administrator, indicated all employees were to receive training in recognizing and reporting abuse as a part of the general orientation (during the hiring process).</p> <p>This federal tag relates to Complaint IN00088811.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)</p>						